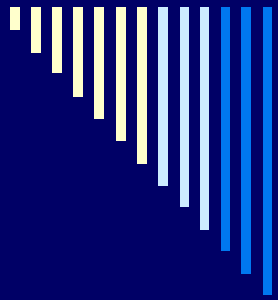


# THE MARYLAND MODEL: What Happens When Mental Health and Corrections Collaborate

**Joan Gillece, Ph.D., NASMHPD**  
**Steven Williams, Warden**

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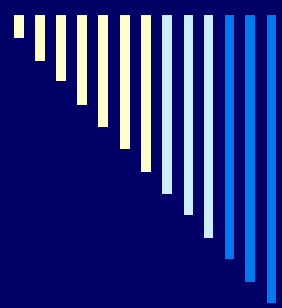


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# The Maryland Model

Collaboration between  
Mental Hygiene Administration,  
Maryland Correctional Administrators  
Association,  
and Core Service Agencies

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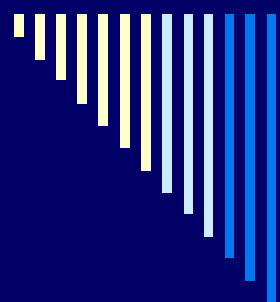
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# The Maryland Community Criminal Justice Treatment Program (MCCJTP)

Purpose:

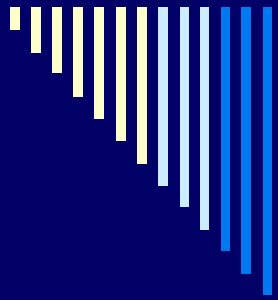
To provide comprehensive  
services to individuals with  
special needs who are involved  
with the criminal justice system.

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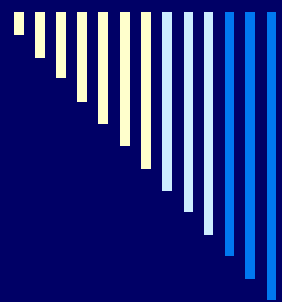
# MCCJTP Guiding Philosophies

- ❑ This population is part of our community and deserves treatment and community services.
- ❑ Public safety issues are paramount in the service delivery system.
- ❑ Holistic and coordinated treatment is most effective and efficient
- ❑ Local jurisdictions should have autonomy in program implementation, within state guidelines.
- ❑ All public service providers should contribute their share of services and resources to serve this population.



# A Warden's Perspective

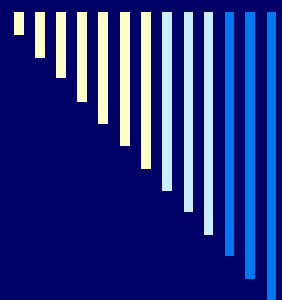
- ❑ Arrest them, put them in Jail or “dump” them in the Mental Hospital
- ❑ Didn't care about Mental Health
- ❑ Didn't care about Medical/Physical Issues
- ❑ Put them in Jail, No more, no less



# History

- ❑ Became Warden of the new “Dorchester County Detention Center” in 1992.
- ❑ 204 bed facility, learned that if you have an empty bed, someone wishes to fill it-and they did.
- ❑ I was put there to cut costs and save tax dollars.
- ❑ Started looking good by contracting food service.
- ❑ Contracted medical services.

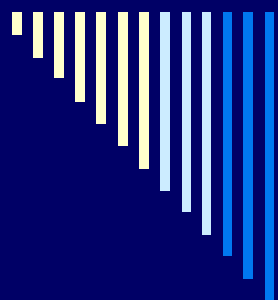




# Hero

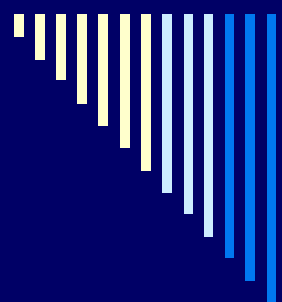
Now I thought that we  
had everything covered  
and could sit back and  
enjoy life in this brand  
new, modern,  
professionally run  
Detention Center.





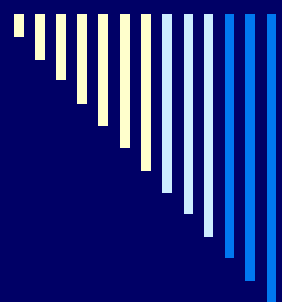
I  
WAS  
WRONG!





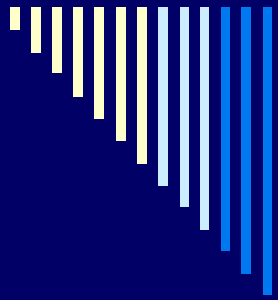
# Arrested Persons with Mental Health Issues

- ❑ We overlooked a problem that we had dealt with for many years and always “dumped” on someone else.
- ❑ These arrested persons demanded that they be sent to the local State hospital for treatment.
- ❑ We had a State hospital just down the street, but they had an open door policy.
- ❑ We now knew that we had overlooked Mental Health issues in our Detention Center and that it had become our major problem.



## Help is on the way

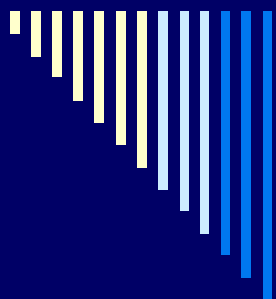
- ❑ I asked for and was quickly given support from the Maryland Mental Hygiene Administration.
- ❑ Dr. Joan Gillece of the Mental Hygiene Administration helped secure grant funding to provide mental health services in the detention center. MCCJTP is born.
- ❑ These services proved to be the best management tool that we have.



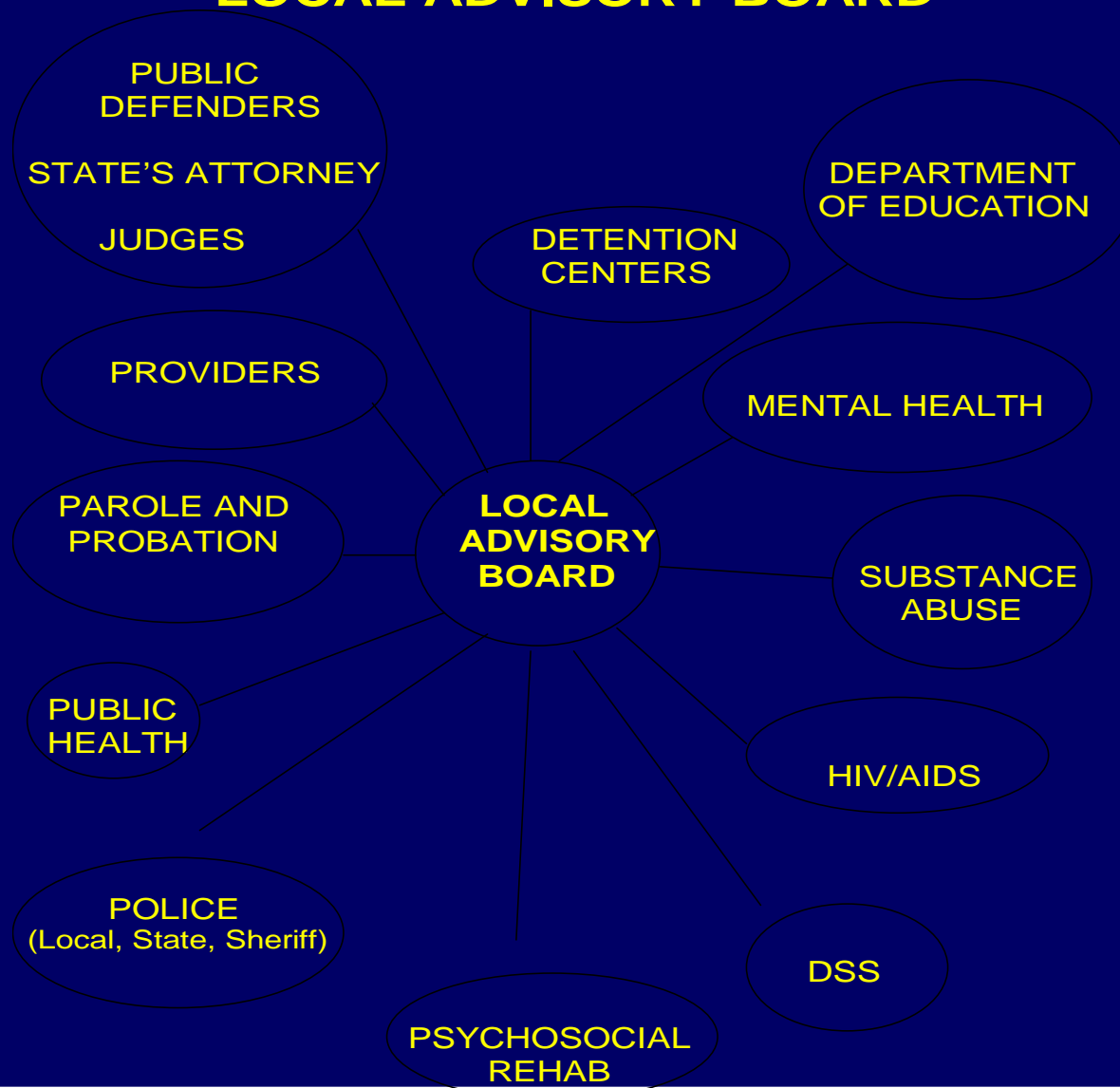
# Local Advisory Board

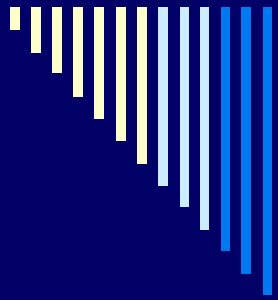
Each county that receives  
MCCJTP Funding must form a  
Local Advisory Board.

Components are as follows:



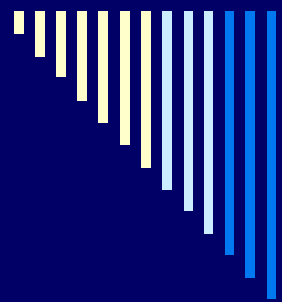
## LOCAL ADVISORY BOARD





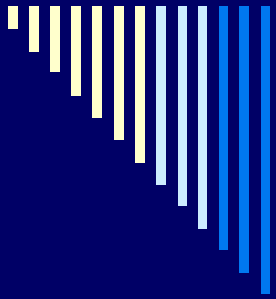
# MOU

The Advisory Board develops a  
Memorandum of Understanding  
(MOU)  
that outlines what each agency  
has  
committed to do.

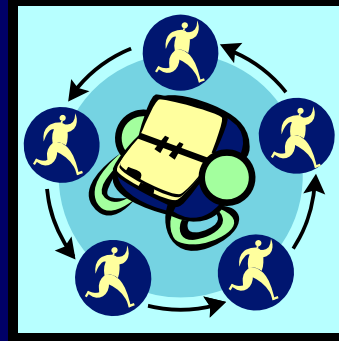


# Dorchester County Criminal Justice Treatment Network

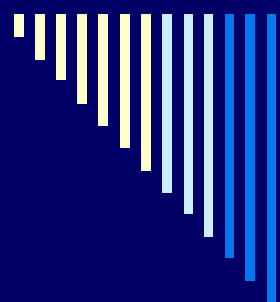
- ❑ A collaborative effort between a number of State, County, and City officials that serves as a clearinghouse for Law Enforcement, Treatment, Social Services, Corrections, & Courts.
- ❑ Partnership is to develop and administer programs designed to enhance public safety for all citizens.



# The Network



- Builds open communication between agencies.
- As new laws are made & new regulations are established, the Network continues to design new ways of implementing them with the least restrictions & impact on the members who they effect.



# MCCJTP

- ❑ Begun in 1992 in 4 detention centers
- ❑ In 2001 expanded to 23 detention centers and communities
- ❑ Serves consumers with serious mental illness and other disorders or conditions such as co-occurring substance abuse or trauma history



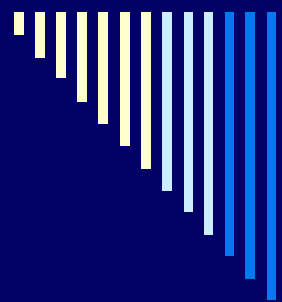




# HUD SHELTER PLUS CARE

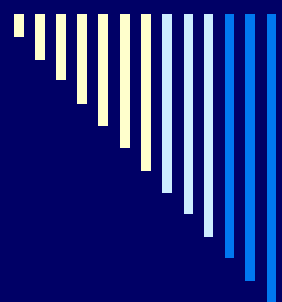


- Rental assistance for mental health consumers who are coming out of jail or under P & P
- Begun in 1995. MHA awarded a five year grant of \$5.5 million for 14 counties



# S + C Housing Program Accomplishments

- Has reunited families.
  - Has provided decent and affordable housing.
  - Has broken the cycle of recidivism to multiple service systems by providing case management and other supportive services for individuals, families, and children.
  - 1% recidivism to homelessness
  - 1% recidivism to psychiatric hospitals
  - 3.5% recidivism to jail
-



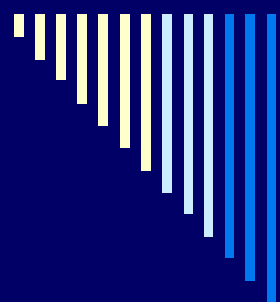
# Phoenix Project

- About 2/3 of women (68%) grew up in families in which one or both parents had active alcohol or substance abuse problems.
- About 24% grew up in families where one or both parents had a serious mental illness.
- Approximately 51% experienced childhood sexual abuse by a family member or someone outside the family prior to age 14.

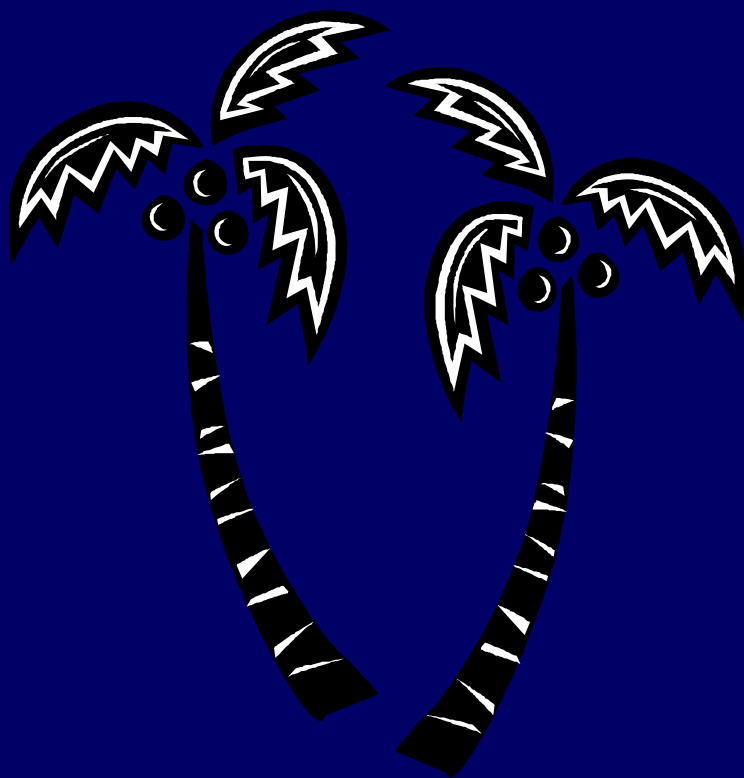


# Conclusions and Impacts

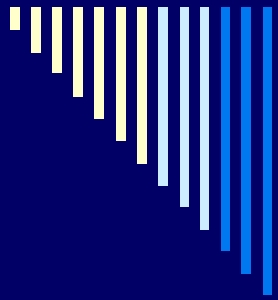
- About 43% experienced physical abuse by a family member prior to age 14.
  - By age 14, 59% reported using alcohol and 44% had begun using marijuana,
  - By age 17, 57% had become pregnant.
  - By age 18, 74% had experienced their first indications of serious mental illness & 34% had made at least 1 suicide attempt.
  - By age 18, 27% had been arrested at least 1 time.
-



# TAMAR PROGRAM

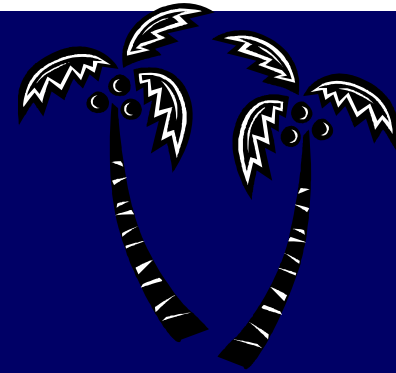


- Funded by MHA
- Provides mental health, substance abuse, and trauma treatment for men and women in detention centers
- Formerly Site for SAMHSA Women and Violence Study

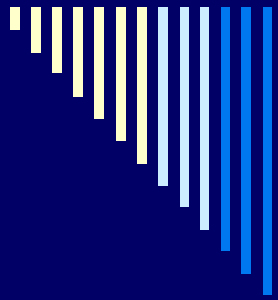


# TAMAR

- Trauma
- Addictions
- Mental health
- And
- Recovery

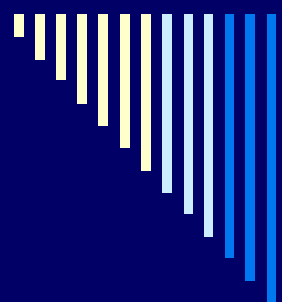


- TAMAR is the Middle Eastern name for Palm Tree- a tree known for its flexibility and strength



# TAMAR

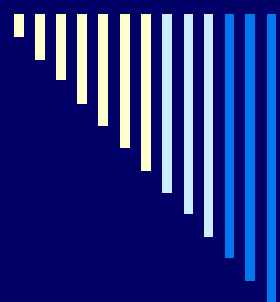
The goals of TAMAR cannot be achieved unless we, as professionals, come together with profound respect for each other's expertise in our chosen fields. We propose a model for working together that employs four basic principles.



# The R.I.C.H. Model

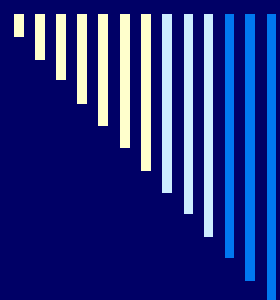
- **R**espect - for each other and our clients
- **I**nformation- a willingness to share our expertise with each other and learn from each other through shared information
- **C**onnection- affirmation of a system of treatment based on a sense of connectedness as a team working collaboratively for the client
- **H**ope-an atmosphere of hope within our teams and with our clients





# What services does TAMAR provide?

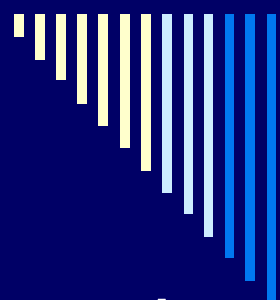
- ❑ Assessment & Referral
- ❑ Treatment groups in Detention Center & in the community
- ❑ Connection to community case management and services
- ❑ Peer support in some communities
- ❑ Baby sitting available while attending treatment & peer support groups in community.



# TAMAR GROUP

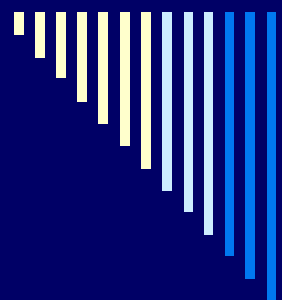
## Initial Assessment

We are interested in helping better serve you. TAMAR Group meets weekly. The following is a confidential pre-assessment form. Please complete and forward this form in the enclosed envelope.



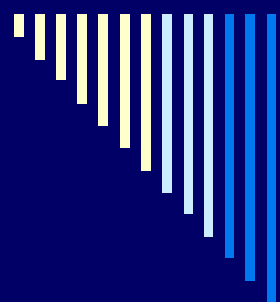
## Sample Questions

- ☐ Are you haunted by terrible things that happened from your past (distressing dreams or flashbacks)?
  - ☐ Have you experienced, witnessed, or been confronted with events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others?
  - ☐ Do you have periods of time in your life that you cannot remember that is not because of substance abuse?
-



# TAMAR'S Success

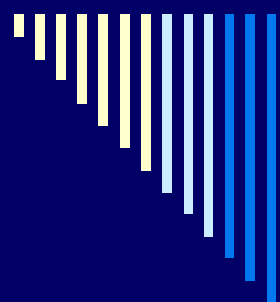
- ❑ Reduced disciplinary actions
- ❑ Reduced recidivism
- ❑ Reduced use of seclusion & restraints
- ❑ Started healing process
- ❑ Heighten self awareness “recognition of symptoms & Choices”
- ❑ Promotes connection, trusting relationships



# Changing Attitudes

The Medical and Correctional staff also realized that this was as much a component of our system as they were and soon learned to use the Mental Health System and TAMAR to support their areas of responsibility.

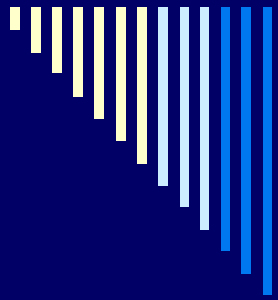
Now when I look at the operations of our Detention Center, I can not visualize the Center operating without these programs.



# Changing Attitudes

I now depend on the Mental Health and TAMAR programs to assist us in the management of our inmate population.

Not to have a Mental Health program is failing to provide the tools to your staff to effectively manage this population.

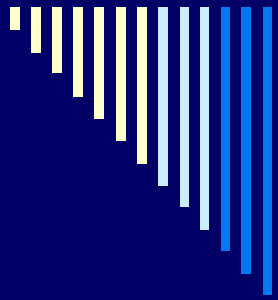


# Correctional Administrators

Correctional Administrators must learn to change, they must learn that Medical, Addictions, Mental Health issues of every arrested person must be addressed within their facility.

The value of programs for the Mentally Ill in our jails can be measured in many ways and those ways all spell

**SUCCESS.**

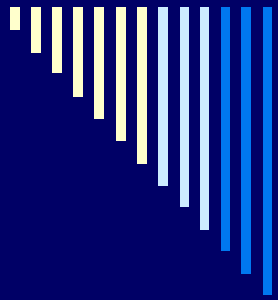


# Cross-Training

All Correctional Officers receive extensive training in areas including:

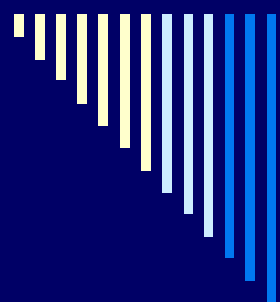
- ❑ Mental Health issues
- ❑ Substance Abuse issues
- ❑ Trauma
- ❑ Crisis Management





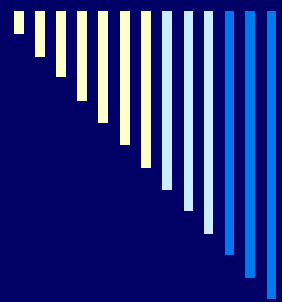
# Cross-Training

In addition to receiving training from various service agencies, Correctional Officers also train these agencies in the “Language of Corrections”



# Aftercare / Re-Entry

- Planned Transition
- Follow-up Plan
- Community Partners

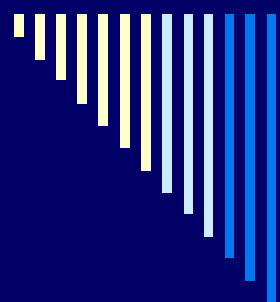


# “Blankets, Books at Bedtime” Program

Incarcerated mothers with children [birth through age 12]

- ❑ Provides mothers an opportunity to reconnect with their children.
- ❑ Children will be able to listen to a story, narrated by the familiar voice of their mother.
- ❑ Caregivers are encouraged to spend this daily “quiet time” with these children impacted by their mother’s incarceration; the child will benefit emotionally having this special “quite time” with their current caregiver.
- ❑ Disk/tape and book provided by the Detention Center can serve as a “transitional object” for the child while the mother is absent. The blanket is provided by a Community based group.



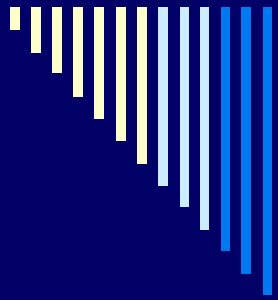


## “Strengthening Families Program” Dorchester County Detention Center With Dorchester County Health Department

Female inmates with their children ages 6-11

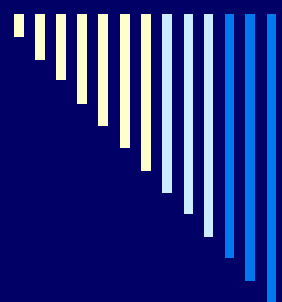


- ❑ Improving family relationships, parenting skills and youth's social and life skills.
- ❑ Female inmate must be participating in the TAMAR Program.
- ❑ Child and mother are brought together one evening a week to build a family system, teaching cognitive behavioral approaches to increase resilience and reduce risk factors for behavioral, emotional, academic and social problems.
- ❑ Family time includes quiet time, reading together and dinner is catered.
- ❑ Mothers are allowed to wear street cloths to minimize impact on child and program is held in an administrative area of the facility.
- ❑ Program is 14 sessions that are 2 hours each.



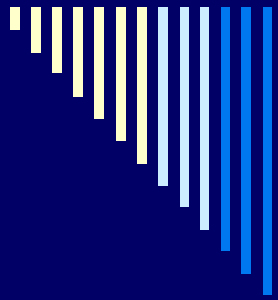
# MCCJTP's Proven Success

- This program has shown that more can be done with less.
- Inter-agency collaboration has built a partnership that provides citizens better services for less money, with less confusion and less “red tape”.

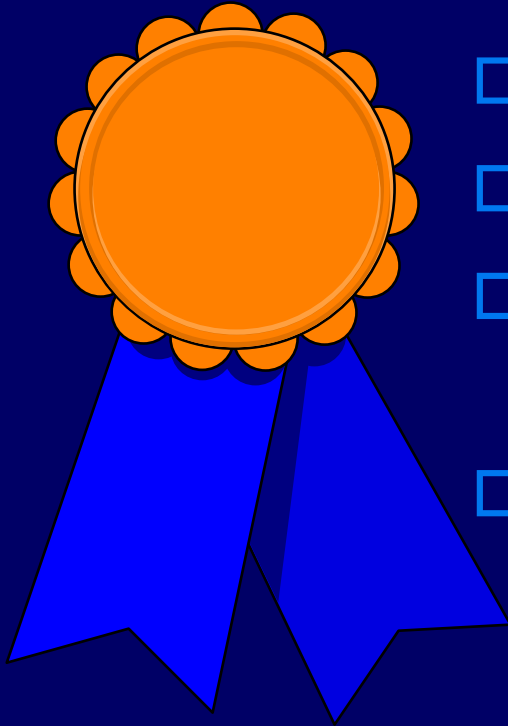


# Best Practices

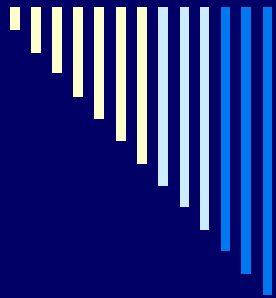
- ❑ Be open minded and willing to change
- ❑ Become friends with your enemies
- ❑ Become colleagues; respect & trust each other
- ❑ Think about other's position before you reject it
- ❑ Examine other sources of funding
- ❑ Make this population a priority
- ❑ Wardens/law enforcement/mental health can very effectively address county councils and State legislatures as partners



## Best Practices - Continued



- ☐ Invite input from all agencies that will be involved
- ☐ Be flexible & patient
- ☐ Evaluate your program, get data
- ☐ Establish parameters, but do not micromanage
- ☐ Advocate at all levels for inclusions of individuals in the criminal justice system
- ☐ Include clients to evaluate program



# CONTACT INFORMATION:

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